

APPLICATION FORM FOR ADDITION / DELETION

Employee Code

1. NO. OF CGHS IDENTITY CARD
2. NAME OF THE GOVT. SERVANT
3. MINISTRY/OFFICE IN WHICH WORKING – Ministry of Urban Development & Poverty Alleviation,
Nirman Bhavan,
New Delhi – 110 011.
4. NEW ADDITION/DELETION

Sl.no.	Name	Date of Birth	Relation

5. SIGNATURE OF GOVT. SERVANT / : _____
THUMB IMPRESSION.

Date :

6. SIGNATURE AND DESIGNATION OF : _____
ISSUING AUTHORITY / SEAL

7. SIGNATURE OF MEDICAL OFFICER : _____

Note : Form must be filled in triplicate along with the photographs and submit to Administration-III